



**Development Services Bureau**  
Escambia County, Florida

|                       |
|-----------------------|
| For Office Use Only   |
| Invoice # _____       |
| Fee \$ <b>\$25.00</b> |

**ZONING VERIFICATION REQUEST FORM**

|                                |  |                        |                                      |
|--------------------------------|--|------------------------|--------------------------------------|
| <b>Requestor's Information</b> | Requestor/Agent Name:  |                        | Date:                                |
|                                | Phone #:   | Fax #:                 | Escrow Account #<br>(if applicable): |
|                                | Property Address:  |                        |                                      |
|                                | Property Reference #: _____ - _____ - _____ - _____ - _____ - _____  |                        |                                      |
|                                | Property Reference # can be obtained from the Property Appraiser's Office at 434-2735 or at <a href="http://www.escpa.org">www.escpa.org</a>   |                        |                                      |
|                                | Tax Acct #: _____ - _____ - _____  | Property Owner's Name: |                                      |
|                                | <p>This verification relates to zoning for the specified property and is provided for information purposes only. <b>This form DOES NOT imply or confer development rights for any desired use or activity on the specified parcel.</b> Prior to the issuance of any permits, the applicant must submit a complete application to the County and must comply with all other applicable State and Local Regulations. Requestor, please sign below verifying that you have read and understand, and accept, this disclaimer:</p> <p>SIGNATURE <b>X</b> <span style="float: right;">Date: _____</span></p> |                        |                                      |

|                        |  |   |  |
|------------------------|--|---|--|
| <b>OFFICE USE ONLY</b> | Is parcel a <b>Lot of Record</b> ? Yes ( ) No ( ) If No, issue must be resolved before any permits can be issued.  |   |  |
|                        | Zoning District:   | Future Land Use Category:   | Zoning Overlay District: Yes ( ) No ( )<br>If Yes, check one: Barrancas ( ) Brownsville ( )<br>Scenic Hwy ( ) Warrington ( ) |
|                        | Wetlands located on property? Yes ( ) No ( )   |   |  |
|                        | Property in a <b>Flood Zone</b> ? Yes ( ) No ( ) Flood Zone _____ Base Flood Elevation _____ Map # _____           |   |  |
|                        | Property in an <b>Airport/Airfield Environ</b> ? Yes ( ) No ( ) If Yes, complete the section below:                |   |  |
|                        | <b>Airfield/Airport</b>  | <b>Airfield Influence Planning District</b><br>AIPD-1 ( ) AIPD-2 ( )  | <b>Noise Zone</b>  |
|                        | NAS Pensacola _____<br>NOLF Saufley _____<br>NOLF 8 _____<br>Pensacola Regional:<br>PNSPD _____ Heights Zone _____ | <b>AIPD-1 &amp; Accident Potential Zone (APZ) Areas</b><br>Clear Zone ( )<br>Area A ( ) APZ-1{NASP} ( ) APZ-1 ( )<br>Area B ( ) APZ-2{NASP} ( ) APZ-2 ( ) | AIPD PNSPD _____<br>Zone 1 ( ) A ( )<br>Zone 2 ( ) B ( )<br>Zone 3 ( ) C ( )<br>Not in noise zone ( )                        |
|                        | Verified by: _____   |   | Date: _____  |
|                        | _____ In-office/Pickup _____ Faxed _____ Mailed  |   |  |

**Note:** Payment must be collected prior to processing. Requests may be paid by cash, check, using an established escrow account or by credit card (Visa or MasterCard only).

**Note:** Check the address carefully before submitting a zoning request. If we receive an inquiry for property that is in the City of Pensacola, Santa Rosa County, or other jurisdiction, the processing fee will still be charged to cover administrative costs.